

County: Milwaukee  
SUNRISE CARE CENTER, INC.  
3540 SOUTH 43RD STREET

Facility ID: 8580

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MILWAUKEE 53220 Phone: (414) 541-1000

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 99

Total Licensed Bed Capacity (12/31/00): 99

Number of Residents on 12/31/00: 96

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Average Daily Census: 98

Nonprofit Church-Related

Skilled

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
-----		-----				-----		-----
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	35.4	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years	32.3	
Supp. Home Care-Household Services	No	Developmental Disabilities	1.0	Under 65	7.3	More Than 4 Years	32.3	
Day Services	No	Mental Illness (Org./Psy)	11.5	65 - 74	15.6		-----	
Respite Care	No	Mental Illness (Other)	15.6	75 - 84	39.6		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	32.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.2	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	7.3		100.0	(12/31/00)		
Other Meals	No	Cardiovascular	12.5	65 & Over	92.7	-----		
Transportation	No	Cerebrovascular	18.8	-----	-----	RNs	9.5	
Referral Service	No	Diabetes	6.3	Sex	%	LPNs	9.0	
Other Services	No	Respiratory	4.2	-----	-----	Nursing Assistants		
Provide Day Programming for		Other Medical Conditions	21.9	Male	34.4	Aides & Orderlies		
Mentally Ill	No		-----	Female	65.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			
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#### Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	2	2.8	\$128.81	0	0.0	\$0.00	2	10.0	\$185.00	0	0.0	\$0.00	4	4.2%
Skilled Care	4	100.0	\$237.59	64	88.9	\$109.53	0	0.0	\$0.00	18	90.0	\$175.00	0	0.0	\$0.00	86	89.6%
Intermediate	---	---	---	6	8.3	\$90.24	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	6	6.3%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	4	100.0		72	100.0		0	0.0		20	100.0		0	0.0		96	100.0%

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing	% Totally	Total
Percent Admissions from		Activities of	%	Assistance of	Dependent	Number of
Private Home/No Home Health	7.4	Daily Living (ADL)	Independent	One Or Two Staff		Residents
Private Home/With Home Health	0.0	Bathing	0.0	77.1	22.9	96
Other Nursing Homes	13.2	Dressing	18.8	61.5	19.8	96
Acute Care Hospitals	79.4	Transferring	31.3	49.0	19.8	96
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	26.0	44.8	29.2	96
Rehabilitation Hospitals	0.0	Eating	68.8	20.8	10.4	96
Other Locations	0.0	*****				
Total Number of Admissions	68	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	8.3		Receiving Respiratory Care	0.0
Private Home/No Home Health	6.1	Occ/Freq. Incontinent of Bladder	46.9		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	7.6	Occ/Freq. Incontinent of Bowel	30.2		Receiving Suctioning	0.0
Other Nursing Homes	4.5				Receiving Ostomy Care	0.0
Acute Care Hospitals	16.7	Mobility			Receiving Tube Feeding	3.1
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	7.3		Receiving Mechanically Altered Diets	27.1
Rehabilitation Hospitals	0.0					
Other Locations	1.5	Skin Care			Other Resident Characteristics	
Deaths	63.6	With Pressure Sores	5.2		Have Advance Directives	70.8
Total Number of Discharges		With Rashes	4.2		Medications	
(Including Deaths)	66				Receiving Psychoactive Drugs	60.4

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**Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities**

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	Ownership:			Bed Size:		Licensure:		All	
	This Facility			50-99		Skilled		Facilities	
	%	Peer Group	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	99.0	91.5	1.08	86.1	1.15	81.9	1.21	84.5	1.17
Current Residents from In-County	99.0	87.4	1.13	90.2	1.10	85.6	1.16	77.5	1.28
Admissions from In-County, Still Residing	48.5	27.5	1.77	22.1	2.20	23.4	2.07	21.5	2.26
Admissions/Average Daily Census	69.4	115.2	0.60	168.8	0.41	138.2	0.50	124.3	0.56
Discharges/Average Daily Census	67.3	118.5	0.57	169.2	0.40	139.8	0.48	126.1	0.53
Discharges To Private Residence/Average Daily Census	9.2	35.5	0.26	70.9	0.13	48.1	0.19	49.9	0.18
Residents Receiving Skilled Care	93.8	89.5	1.05	93.2	1.01	89.7	1.05	83.3	1.12
Residents Aged 65 and Older	92.7	96.9	0.96	93.4	0.99	92.1	1.01	87.7	1.06
Title 19 (Medicaid) Funded Residents	75.0	57.6	1.30	51.5	1.46	65.5	1.15	69.0	1.09
Private Pay Funded Residents	20.8	35.4	0.59	36.3	0.57	24.5	0.85	22.6	0.92
Developmentally Disabled Residents	1.0	0.4	2.97	0.4	2.33	0.9	1.17	7.6	0.14
Mentally Ill Residents	27.1	30.8	0.88	33.0	0.82	31.5	0.86	33.3	0.81
General Medical Service Residents	21.9	24.9	0.88	24.2	0.90	21.6	1.01	18.4	1.19
Impaired ADL (Mean)	46.0	50.5	0.91	48.8	0.94	50.5	0.91	49.4	0.93
Psychological Problems	60.4	45.5	1.33	47.7	1.27	49.2	1.23	50.1	1.21
Nursing Care Required (Mean)	4.9	6.6	0.75	7.3	0.68	7.0	0.70	7.2	0.69